

SAMPLES

Service by Publication or Posting

**Use the samples to help you complete
the packet of blank forms.**

7

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address): YOUR NAME YOUR ADDRESS FAX NUMBER: ATTORNEY FOR (Name):	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: ASK STAFF TO STAMP MAILING ADDRESS: FORM WITH CORRECT CITY AND ZIP CODE: ADDRESS. BRANCH NAME:	
PLAINTIFF/PETITIONER: YOUR NAME DEFENDANT/RESPONDENT: RESPONDENT'S NAME	APJ: DEPT:
APPLICATION FOR ORDER FOR PUBLICATION OR POSTING OF SUMMONS	CASE NUMBER: YOUR CASE NUMBER

1. **Publication Request:** I YOUR NAME am the Petitioner in this case and request that the Court issue an order directing service of the Summons and Petition in the following newspaper:

Newspaper for PUBLICATION: _____

 CHOOSE A NEWSPAPER THAT IS MOST LIKELY TO BE SEEN BY RESPONDENT
 (SEE THE LIST OF LOCAL PAPERS, IF APPLICABLE, OR ASK STAFF FOR HELP)
 (Write in name of proposed newspaper where Respondent is most likely to receive actual notice)

2. **Posting Request:** I YOUR NAME am the Petitioner in this case and request that the Court issue an order directing service of the Summons and Petition at the location listed below. To request posting, you must file a Request to Waive Court Fees, FW-001. If the Court sets a hearing, at the hearing the Court may order service by Publication, if the Petitioner does not meet the Court's financial criteria.

Posting LOCATION: _____

 CHOOSE A LOCATION THAT IS MOST LIKELY TO BE SEEN BY RESPONDENT. FOR THIS COUNTY, IT WOULD BE THE POSTING BOARD NEAR DEPT. 76 AT FAMILY COURT.
Courthouse, Government Building or Law Enforcement Office for POSTING
 (Write in name, city, and state of proposed site to post where Respondent is most likely to receive actual notice)

3. **The Summons and Petition, which is for (mark one):** CHECK THE BOX THAT APPLIES

- ☐ Dissolution/Separation/Nullity of Marriage or Domestic Partnership (Family Law),
☐ Parental Relationship (Uniform Parentage), or ☐ Petition for Custody and Support of Minor Children
 was filed on DATE PETITION WAS FILED (write in date forms were file stamped).

PETITIONER: YOUR NAME	CASE NUMBER:
RESPONDENT: RESPONDENT'S NAME	YOUR CASE NUMBER

4. The Respondent cannot with reasonable diligence be served in another manner specified in Code of Civil Procedure sections 415.10 through 415.40 based on the declaration below.
5. **Declaration** (List what you did to find Respondent and include dates and results of search):

☒ Continued on the attached declaration

COMPLETE THE ATTACHED CHART. THE COURT WILL USE IT TO SEE WHAT YOU HAVE DONE TO TRY TO LOCATE THE RESPONDENT.

NOTE: IT IS IMPORTANT TO TRY EVERYTHING YOU CAN TO LOCATE THE OTHER PARTY AND TO KEEP TRACK OF WHAT YOU HAVE DONE. IF THE COURT DOES NOT THINK YOU HAVE TRIED HARD ENOUGH TO FIND THE OTHER PARTY, YOUR REQUEST WILL BE DENIED.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: TODAY'S DATE

Petitioner's Signature: SIGN YOUR NAME HERE

Date: _____

Attorney's Signature: _____

THIS IS JUST AN EXAMPLE OF HOW TO COMPLETE THIS CHART.
YOU WILL FILL IT IN WITH YOUR INFORMATION.

Case Name: YOUR LAST NAME V. THE OTHER PARTY'S LAST NAME

Case Number: YOUR CASE NUMBER

FAMILY

Relation	Person Contacted	Date Called	Phone #	Response Received
BROTHER	AL JONES	5/30/08	408-123-4567	HASN'T SEEN HIM IN 6 YEARS
AUNT	MOLLY BROWN	6/12/08	510-555-1234	LAST SAW HIM IN TEXAS 14 YEARS AGO

LIST OF RELATIVES TO CONTACT:
MOTHER, FATHER, BROTHER(S),
SISTER(S), COUNSIN(S), GRANDPARENT(S),
MOTHER-IN-LAW, FATHER-IN-LAW,
SISTER-IN-LAW, BROTHER-IN-LAW, NIECE(S),
NEPHEW(S), UNCLE(S) AND AUNT(S)

FRIENDS

Relation/ Address	Person Contacted	Date Called	Phone #	Response Received
FRIEND	JOHN DOE	6/5/08	291-0000	HASN'T HEARD FROM HIM IN 2 YEARS

PRESENT AND PREVIOUS EMPLOYMENT

EMPLOYER	Person Contacted	Date Called	Phone #	Response Received
HOME DEPOT	JEFF BROWN	6/8/08	101-6253	QUIT 4 YEARS AGO

PHONEBOOK LISTINGS

Directory Name	Person Contacted	Date Called	Phone #	Response Received
411	OPERATOR	6/9/08	411	NO LISTINGS
411 IN TEXAS	OPERATOR	6/9/08	411	NO LISTINGS

Case Name: YOUR LAST NAME V. OTHER PARTY'S LAST NAME	Case Number: CASE NUMBER
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INTERNET SEARCH ENGINES/SITES

Web Address	Person Contacted	Date Called	Phone #	Response Received
GOOGLE	N/A	N/A	N/A	NO INFORMATION
ZABBASEARCH	N/A	N/A	N/A	NO INFORMATION

OTHER SEARCHES

Search Type	Person Contacted	Date Called	Phone #	Response Received

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME HERE

(Print Your Name Here)

SIGN YOUR NAME HERE

(Sign Your Name Here)

SAMPLE

If you are asking to serve by posting, use this sample to help you complete form FW-001

Application for Waiver of Court Fees and Costs.

You are NOT required to fill this form out if you are asking to serve by *publication*.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

**SAMPLE
ONLY**
**Do not write
on this copy!**

Fill in court name and street address:

Fill in case number and name:

Case Number:

YOUR CASE NUMBER, IF YOU HAVE ONE

Case Name:

PETITIONER'S LAST NAME V. RESPONDENT'S NAME

1 Your Information (person asking the court to waive the fees):

Name: YOUR NAME

Street or mailing address: YOUR ADDRESS

City: _____ State: _____ Zip: _____

Phone number: YOUR PHONE NUMBER

2 Your Job, if you have one (job title): YOUR JOB TITLE

Name of employer: WHO DO YOU WORK FOR?

Employer's address: WHERE IS YOUR WORK LOCATED?

3 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

☒ Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)

☐ Supreme Court, Court of Appeals, or Appellate Court Fees and Costs (form FW-001-INFO).

CHECK THE BOX(ES) BELOW THAT APPLY TO YOU

5 Why are you asking the court to waive your court fees?

a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (California's Accessible Community Care Program) ☐ Disabled

b. ☐ My gross monthly household income (before taxes and court fees) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9)

Family Size	Family Income	Family Size	F
1	\$1,083.54	3	
2	\$1,458.34	4	

c. ☐ I do not have enough income to pay for my court fees (check one): ☐ waive all court fees ☐ waive some court fees (Explain): _____ (If you check 5c, you must fill out page 2.)

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months. (If you **CHECK HERE IF IT APPLIES** available, please attach it to this form and check here: ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: TODAY'S DATE

WRITE YOUR NAME HERE

Print your name here

SIGN YOUR NAME HERE

Sign here

Case Number:

YOUR CASE NUMBER, IF YOU HAVE ONE

Your name: YOUR NAME

If you checked 5a, 5b, or 5c, **BELOW IS ONLY AN EXAMPLE OF HOW TO COMPLETE THIS FORM.** If you checked 5b, complete items 7, 8 and 9. If you checked 5c, complete the entire page.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ 1,500
List each payroll deduction and amount below:
- (1) PAYROLL TAXES \$ 230
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
- b. Total deductions (add 8a (1)-(4) above): \$ 230
- c. Total monthly take-home pay (8a minus 8b): \$ 1,270
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- (1) CHILD SUPPORT \$ 300
(2) BABYSITTING \$ _____
(3) _____ \$ 150
(4) _____ \$ _____
- e. Your total monthly income is (8c plus 8d): \$ 1720

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) LINDA	41	WIFE	\$ <u>700</u>
(2) JOE JR.	10	SON	\$ <u>0</u>
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

- b. Total monthly income of persons above: \$ 700

Total monthly income and household income (8e plus 9b): \$ 2420

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash _____ \$ 20
- b. All financial accounts (List bank name and amount):
- (1) WELLS FARGO CHECKING \$ 200
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-----------------------|-------------------|------------------------|
| (1) '01 FORD EXPLORER | \$ <u>3,000</u> | \$ <u>0</u> |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate
- | Address | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) NONE | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) NONE | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ 1175
- b. Food and household supplies \$ 300
- c. Utilities and telephone \$ 100
- d. Clothing \$ 50
- e. Laundry and cleaning \$ 30
- f. Medical and dental expenses \$ 0
- g. Insurance (life, health, accident, etc.) \$ 25
- h. School, child care \$ 0
- i. Child, spousal support (another marriage) \$ 0
- j. Transportation, gas, auto repair and insurance \$ 330
- k. Installment payments (list each below):
- Paid to:
- (1) VISA CARD \$ 54
- (2) HOME DEPOT CARD \$ 26
- (3) _____ \$ _____
- l. Wages/earnings withheld by court order \$ 0
- m. Any other monthly expenses (list each below):
- Paid to:
- (1) CELL PHONE \$ 90
- (2) _____ \$ _____
- (3) _____ \$ _____

Total monthly expenses (add 11a – 11m above): \$ 2180

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address): YOUR NAME YOUR ADDRESS FAX NUMBER: ATTORNEY FOR (Name):		TELEPHONE NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> ASK STAFF TO STAMP FORMS WITH CORRECT ADDRESS. </div>
PLAINTIFF/PETITIONER: YOUR NAME DEFENDANT/RESPONDENT: RESPONDENT'S NAME		
ORDER FOR PUBLICATION OR POSTING		APJ: DEPT: CASE NUMBER: YOUR CASE NUMBER

- ☐ **Publication Granted:** The Court finds that the Respondent cannot be served in any other manner specified in the California Code of Civil Procedure. The Court orders that the Summons and Petition be served by publication in the newspaper listed below. Publication must occur at least once a week for four successive weeks.

IF APPLYING FOR PUBLICATION, LIST NEWSPAPER HERE.

- ☐ **Posting Granted:** The Court finds that the Respondent cannot be served in any other manner specified in the California Code of Civil Procedure and that the Petitioner cannot afford to serve by Publication. The Court orders that the Summons and Petition be served by posting at the location listed below. Posting must occur for at least 30 days.

IF APPLYING FOR POSTING, LIST LOCATION HERE.

- ☐ **Publishing Denied:** The Court denies the request to publish.
- ☐ Other methods of service are possible.
☐ Insufficient attempts to locate the Respondent.
- LEAVE THE REST OF THIS PAGE BLANK
FOR THE JUDGE TO COMPLETE.

- ☐ **Posting Denied:** The Court denies the request to post.
- ☐ Other methods of service are possible.
☐ Insufficient attempts to locate the Respondent.

- ☐ **Hearing Required:** The Court orders that a hearing be set to determine the Petitioner's financial circumstances. If at this hearing the Court decides that the Petitioner does not qualify for Posting, based on financial circumstances, then the Court may order that the Summons and Petition be served by Publication.

The Petitioner should appear in Court at:

- ☐ 170 Park Avenue, San Jose, CA 95113 ☐ 605 W. El Camino Real, Sunnyvale, CA 94087
☐ 301 Diana Avenue, Morgan Hill, CA 95037

Date: _____ Time: _____ Dept: _____

If during the time of Publication or Posting you locate the Respondent's address you must have someone 18 years or older mail the Summons, Petition and Order for Publication to the Respondent. The server must complete and file with the Court a Proof of Service of Mail, FL-335.

Date: _____

Judicial Officer

PLAINTIFF/PETITIONER: YOUR NAME	CASE NUMBER:
DEFENDANT/RESPONDENT: RESPONDENT'S NAME	YOUR CASE NUMBER

INSTRUCTIONS

Publication: After publication is complete, the newspaper will send you a receipt and copy of the publication notice that appeared in the newspaper. You must take this receipt and publication notice and attach it to a Proof of Service Summons, Form FL-115. The Proof of Service Summons must be filed with the Clerk's Office at 170 Park Avenue, San Jose, CA; 301 Diana Avenue, Morgan Hill, CA 95037 or at 605 W. El Camino Real, Sunnyvale, CA. If the newspaper sends the receipt and publication notice directly to the Court, you do not have to complete the Proof of Service Summons FL-115. Service by publication is complete, and the 30-day response period starts to run, on the 28th day following the first day of publication in the newspaper starts.

Posting: You must have someone 18 years or older post a copy of the Summons and Petition in the place that is designated for posting in the above approved location. This same person must mail a copy to the Respondent at their last known address. The person who posts and mails must complete Verification of Posting of Summons form FM-1024, stating the date, time and location of the posting and mail service. This form must be attached to the Proof of Service of Summons, FL-115. The Proof of Service of Summons, Form FL-115, must be filed with the Clerk's Office at 170 Park Avenue, San Jose, CA; 301 Diana Avenue, Morgan Hill, CA 95037 or at 605 W. El Camino Real, Sunnyvale, CA, or at. Service by publication is complete, and the 30-day response period starts to run on the 31st day after posting. You may apply to finish your case, through the default process, on the 61st day after posting starts.

[Clear This Form](#)

SAMPLE PROOF OF SERVICE

Serving by PUBLICATION

If the court made an order allowing you to serve by PUBLICATION, use this sample to complete form FL-115 *Proof of Service of Summons*.

(Note: if the newspaper sends proof directly to the court you do not need to fill out this form.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :

FOR COURT USE ONLY

YOUR NAME
YOUR ADDRESS

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **SELF-REPRESENTED****SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

ASK STAFF TO STAMP
FORM WITH CORRECT
ADDRESS

PETITIONER: **YOUR NAME**RESPONDENT: **RESPONDENT'S NAME**

**SAMPLE
ONLY**
**Do not write
on this copy!**

PROOF OF SERVICE OF SUMMONS

CASE NUMBER:

YOUR CASE NUMBER

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:

a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)

-or-

b. ☐ Family Law-Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)

-or-

c. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-270), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

-or-

d. ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)

and

e. ☐ (1) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)(2) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)(3) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)(4) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)(5) ☐ Completed and blank *Property Declaration* (form FL-160)(6) ☐ Order to Show Cause (form FL-300), Application for Order and Supporting Declaration (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)(7) ☐ Other (specify) :(8) ☐ Other (specify) :

2. Address where respondent was served:

(SERVICE BY PUBLICATION)

3. I served the respondent by the following means (check proper box) :

a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): _____ at (time): _____b. ☐ **Substituted service.** I left the copies with or in the presence of (name) : _____ who is (specify title or relationship to respondent) :(1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers(2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER: YOUR NAME	CASE NUMBER: YOUR CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

3. b. (cont.) on (date): _____ at (time): _____
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
 (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117).**) (Code Civ. Proc., § 415.30.)
 (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d. ☒ **Other (specify code section):** **CCP 415.50 (SERVICE BY PUBLICATION)**
☐ Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
 a. ☒ As an individual **or**
 b. ☐ On behalf of respondent who is a
 (1) ☐ minor. (Code Civ. Proc., § 416.60.)
 (2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)
 (3) ☐ other (specify) :
5. **Person who served papers**
 Name: **(SERVICE BY PUBLICATION)**
 Address: **(SERVICE BY PUBLICATION)**
- Telephone number: _____
- This person is
 a. ☐ exempt from registration under Business and Professions Code section 22350(b).
 b. ☒ not a registered California process server.
 c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
 (1) Registration no.: _____
 (2) County: _____
 d. **The fee** for service was (specify) : \$ _____
6. ☐ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.
- Date: **(SERVICE BY PUBLICATION)**

(SERVICE BY PUBLICATION) <small>(NAME OF PERSON WHO SERVED PAPERS)</small>	►	(SERVICE BY PUBLICATION) <small>(SIGNATURE OF PERSON WHO SERVED PAPERS)</small>
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SAMPLE PROOF OF SERVICE

Service by POSTING

If you the court made an order allowing you to serve by POSTING, use this sample to help you complete form FL-115 *Proof of Service of Summons* and local form FM-1022 *Verification of Service by Posting Summons*.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :

FOR COURT USE ONLY

YOUR NAME
YOUR ADDRESS

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **SELF-REPRESENTED****SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

ASK STAFF TO STAMP
FORM WITH CORRECT
ADDRESS

PETITIONER: **YOUR NAME**RESPONDENT: **RESPONDENT'S NAME**

**SAMPLE
ONLY**
**Do not write
on this copy!**

PROOF OF SERVICE OF SUMMONS

CASE NUMBER:

YOUR CASE NUMBER

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:

a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)

-or-

b. ☐ Family Law-Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)

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c. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-270), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

-or-

d. ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)

and

e. ☐ (1) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)(2) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)(3) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)(4) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)(5) ☐ Completed and blank *Property Declaration* (form FL-160)(6) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)(7) ☐ Other (specify) :(8) ☐ Other (specify) :

2. Address where respondent was served:

(SERVICE BY POSTING)

3. I served the respondent by the following means (check proper box) :

a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): _____ at (time): _____b. ☐ **Substituted service.** I left the copies with or in the presence of (name) : _____ who is (specify title or relationship to respondent) :(1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers(2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER:	YOUR NAME	CASE NUMBER:	YOUR CASE NUMBER
RESPONDENT:	RESPONDENT'S NAME		

3. b. (cont.) on (date): _____ at (time): _____
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 (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d. ☒ **Other (specify code section):** **Service by Posting Local Rule 1, Section J**
☐ Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
 a. ☒ As an individual **or**
 b. ☐ On behalf of respondent who is a
 (1) ☐ minor. (Code Civ. Proc., § 416.60.)
 (2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)
 (3) ☐ other (specify) :

5. **Person who served papers**
 Name: **NAME OF PERSON WHO POSTED YOUR COURT PAPERS**
 Address: **ADDRESS OF PERSON WHO POSTED YOUR COURT PAPERS**

Telephone number: **PHONE NUMBER OF PERSON WHO POSTED YOUR COURT PAPERS**

- This person is
 a. ☐ exempt from registration under Business and Professions Code section 22350(b).
 b. ☒ not a registered California process server.
 c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
 (1) Registration no.: _____
 (2) County: _____
 d. **The fee** for service was (specify) : \$ _____

6. ☒ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

-or-

7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: **DATE PERSON WHO POSTED SIGNS**

NAME OF PERSON WHO POSTED PAPERS ► SIGNATURE OF PERSON WHO POSTED PAPERS
(NAME OF PERSON WHO SERVED PAPERS) (SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : YOUR NAME YOUR ADDRESS TELEPHONE NO.: YOUR PHONE # FAX NO.: ATTORNEY FOR (Name): SELF-REPRESENTED		FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 170 Park Center Plaza MAILING ADDRESS: 191 North First Street CITY, STATE & ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family		
PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME		
VERIFICATION OF SERVICE BY POSTING SUMMONS		CASE NUMBER: YOUR CASE NUMBER

- I am over the age of 18 and not a party to this case. My name is **NAME OF PERSON WHO POSTED FORMS**
 My address is **ADDRESS OF PERSON WHO POSTED FORMS**
(WRITE IN STREET ADDRESS, CITY AND STATE WHERE YOU LIVE)
- On **DATE FORMS WERE MAILED** (date) from **CITY, STATE** (city and state), I mailed a filed copy of the Summons and Petition to Respondent's last known address. I mailed the Petition and Summons to Respondent's last known address at: **THE MOST RECENT ADDRESS YOU HAVE FOR RESPONDENT**
- On **DATE POSTED** (date) at **TIME POSTED** (time)
 I posted a filed copy of the Summons and Petition on the designated bulletin board at:
LOCATION WHERE YOU POSTED (IF POSTING IN THIS COUNTY THE LOCATION WILL BE THE
(NAME OF LOCATION POSTED AND ADDRESS).
POSTING BOARD NEAR DEPT. 76 AT 170 PARK CENTER PLAZA, SAN JOSE, CA 95113

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE THIS FORM IS SIGNED**

NAME OF PERSON WHO POSTED
PRINT YOUR NAME HERE

SIGNATURE OF PERSON WHO POSTED
SIGN YOUR NAME HERE

Notice to Petitioner:

This verification must be attached to Proof of Service of Summons, Form FL-115, before filing.